

MN Aerials Gymnastics

Open Gym/Party/Field Trip/Day Camp Waiver and Informed Consent

Participant's Name _____ Birthdate ____/____/____ M F

Parent(s) _____ Phone _____

Address _____

City _____ Zip _____ Email _____

Emergency Contact
(other than parent) _____ Phone _____

Participant is currently covered by medical insurance: Y N
(all participants must have current medical insurance coverage)

Please list any challenges or health problems (including allergies, asthma, vision, diabetes, epilepsy, etc.) that would affect the student's participation in gymnastics. Please feel free to use the back of this form if necessary:

Authorization for consent for treatment of a minor

The undersigned, as a parent or legal guardian of the child registered on this form, hereby authorizes **Minnesota Aerials LLC** and its delegated leaders and directors, to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physical. It is understood that if time and circumstances reasonably permit, **Minnesota Aerials LLC** will endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that **Minnesota Aerials LLC** and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of a minor is given in good faith in connection with any authorized event, and shall remain until revoked in writing an delivered to authorized **Minnesota Aerials LLC** representative(s).

Signed (parent/guardian) _____ Date _____

Release and waiver of liability, assumption of risk, and indemnity agreement

This release is valid for 1 year from the date of signature

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